



**King County
Department of Executive Administration**

Purchasing Agency
620 King County Administration Building
500 Fourth Avenue
Seattle, Washington 98104

Personnel Inventory Report

Revised 7/92

Legal Name of Business _____ Telephone No. _____

Also Doing Business as (DBA) _____

Address _____ City _____ State _____ Zip _____

DO ANY OF YOUR EMPLOYEES BELONG TO A UNION AND/OR DO YOU USE AN EMPLOYEE REFERRAL AGENCY?
YES _____ **NO** _____. If yes, list the unions and/or employee referral agencies with whom you have agreements:

If you expect to do more than \$10,000 worth of business with King County, the unions or employee referral agencies must submit a statement of compliance with King County Code Chapter 12.16.

DO YOU HAVE ANY EMPLOYEES? YES _____ **NO** _____. If yes, list on the Employment Data Chart below the total number of employees for all businesses located in (1) King County. If none, list the total number of employees for all businesses located in (2) Washington State. If none, list the total number of employees for all businesses located in the (3) United States. Indicate which locale (1, 2, 3) report covers: _____

Employment Data	Whites		African Americans		Asians		Native Americans		Hispanics		Handicap		Minority Sub-Total		Handicap Sub-Total	
Job Categories	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Managerial																
Professional																
Technical																
Clerical																
Sales																
Service																
Labor																
On-Job Trainees																
Apprentice																
*Skilled Craft																
Sub-Total																

*Journey worker: List by classification on reverse, e.g., carpenter, plumber, etc.

Total number of Employees Reported Above: _____ (If no employees, write ("0").)

This report covers Business Location(s) in (circle one): [King County, Washington State, Other States] for the Payroll Period ending (MONTH/DAY/YEAR): _____

IRS Employer Identification Number: _____

Submitted By: _____ Title: _____ Date: _____
name (print or type)

Do not write below this line

AA	AFF DATE	CT	CC	VENDOR	CERTIFIED STAMP	CS	SM	SF	SH	PST	TCC	FPST
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Supplemental Form

Legal Name of Business _____ Telephone No. _____

Employment Data	Whites		African Americans		Asians		Native Americans		Hispanics		Handicap		Minority Sub-Total		Handicap Sub-Total	
Job Categories	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F

ATTACH SUPPLEMENTAL FORMS AS NECESSARY TO REPORT THE TOTAL WORK FORCE.

Submitted By _____
Name Title

Contact the King County Purchasing Agency at (206) 296-4210 or the King County Contract Compliance Office at (206) 296-7652 if you have any questions concerning completion of this form.

